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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39124**  
Registrar's No. **9651**

Registration District No. **318** Primary Registration District No. **100**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Barnes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: Rosetta Bernece Stillman  
3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lyman Stillman 6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased September 28 1911  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
35 1 11 hr. min.

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER  
12. Name William Garvin  
13. Birthplace Windsor Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Carlye Long  
15. Birthplace Shelbyville Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Hunter  
(b) Address Berlin, Illinois.  
17. (a) Removal (b) Date thereof 11-10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Springfield, Ill

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.  
19. (a) NOV 12 1946 (b) J. F. Bredek  
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County Sangamon 99'  
(c) City or town Springfield 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. R R #6  
(If rural, give location) NR 1  
(e) Citizen of foreign country? (Yes or No) 2  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9  
year 1946 hour 10:00 minute a M.  
21. I hereby certify that I attended the deceased from Nov 6 1946 to Nov 9 1946  
that I last saw her alive on November 9 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death BRAIN TUMOR, MALIGNANT  
Due to BH  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations AS ABOVE  
Of autopsy AS ABOVE

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature R. Madley (M. D. or other) 0  
Address Barnes Hospital Date signed 11/10/46

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

96571

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Henry M. Brammer*

Licensed Embalmer No.....

*4200*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**